



**Institute of Genomic Medicine and Rare Disorders
Semmelweis University**

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<http://semmelweis.hu/genomikai-medicina/>



NERVE, MUSCLE BIOPSY REQUEST FORM

Name:	Submitting institution (name / code):
Address:	Requestin physician (name):
Date of birth:	
Social security number::	In-patient / out-patient
Mother's name:	Log / registration number:
Maiden name:	E-mail (patient / requesting physician):

Origin of biopsy:

Date and time of biopsy:

Special requests (phosphoryl, dystrophin, sarcoglycan, merosin, EM, etc):

Assumed diagnosis:



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Clinical data, history, familiarities:

Laboratory results (CK, lactate, immunoserology):

EMG / ENG results:

Date:

Physician's signature

P.S.